



NASPE STARS

Application Form



To be submitted by October 1st, along with application fee of \$150.00 to:

NASPE STARS Program
1900 Association Drive
Reston VA 20191

Please type or print legibly in black ink.

SCHOOL: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Check the grade level of your school:

Elementary _____ Middle School _____ High School _____ Other _____

Number of students enrolled in the school: _____

School Contact Person (Check one)

Department Chairperson Lead PE Teacher PE Teacher Other

Name: First _____ Last _____

Address: () home () office: Street _____

City: _____ State: _____ Zip Code: _____

Phone: home (____) _____ work (____) _____

Fax: (____) _____ Email: _____

PE Department Website: _____

List the Names of all Full-time and Part-time teachers in your department: (use additional page if necessary)

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Department Chairperson

Name: First _____ Last _____

Phone: work (_____) _____ Fax: (_____) _____

Email: _____

Principal

Name: First _____ Last _____

Phone: work (_____) _____ Fax (_____) _____

Email: _____

School District

School District Name: _____

District Website: _____

District public relations contact person name: _____

District public relations contact person email: _____

District PE coordinator: _____

District PE coordinator email: _____

Superintendent of Schools

Name: First _____ Last _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Phone: work (_____) _____ Fax: _____

Email: _____

School Board Chairperson:

Name: First _____ Last _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Phone: work (_____) _____

Email: _____

Parent support Organization (PTA, PTO, other), President:

Name: First _____ Last _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Phone: work (_____) _____

Email: _____

Local Newspapers (List at least 2. Use additional page if necessary)

Name of daily newspaper: _____
Education Editor: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Email: _____

Name of local/community newspaper: _____
Education Editor: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Email: _____

Television Stations (List at least 1. Use additional page if necessary)

Station name: _____
Contact person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Email: _____

Radio Stations (List at least 1. Use additional page if necessary)

Station name: _____
Contact person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Email: _____

I verify that the information and documentation of evidence provided in this portfolio is accurate to the extent of my knowledge and that of my faculty.

Signature of Contact Person **Date**

Signature of Department Chairperson **Date**

Signature of Principal **Date**

PAYMENT INFORMATION

\$150.00 Application Fee must accompany application

Method of payment:

Check payable to NASPE STARS Program (\$150.00)

Credit Card: VISA MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Purchase Order PO Number: _____

Please include copy of PO